# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

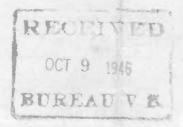
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### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore

CERTIFICA	TE OF DEATH Reg. Dist. No.	?
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State County County County County (If outside city or town limits, write RURAL and give nearest to Street No. (If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If yeteran, name war	
3. (a) FULL NAME William H atkins	3. (b) Social Security Numb	er
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	.115
m w married	20. DATE OF DEATH Oct - 4 19 46 at	170 N
6.(6) Name of husband or wife Ross atkinson  7. Birth date of S.(c) If alive, give age year		om 19.46
deceased (mo., day, yr.) May 28 1872	Immediate cause of death	DURATION
8. AGE: Years Months Days If less than one day	1	
74 4 6hrsmin.	Cachaxia 2	wishs
9. Birthplace (Town, county, and state)  10. Usual occupation	Due to.  Due to.	year
	Other conditions	
13. Birthplace  14. Malden name Laura Young  15. Birthplace  16. Control of the c	(Include pregnancy within 3 months of death)  Major findings of operations.	in- 5-46
16. Informant mus . Posw Otherson	Antopsy results	icalty.
Address West Frenchy Md  17. Burial Date thereof 10 - 7-46	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burlal, cremation, or removal, Which?)  Date thereof	Accident, suicide, or homicide	
Cemetery or crematory	Where did injury occur?	
Location alpha Twa	Injured at home, farm, industry, public place (where?)	
18. Funeral director 4. C. Regustochom	Means of Injury Injured at work?	
Address allust City mod	23. SIGNATURE Charles S: Whateles	v 14.0
19. 10-7- #6 18 76 Which A Howella	Address Clarks ville, that Date signed 10-	



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (944)

## CERTIFICATE OF DEATH

10671 Reg. Dist. No. 194

1. PLACE OF DEATH: 2/2000	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Maryland Named
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death? 75 years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Street No
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Charles Perry Cam	pbell Sr. 220-05-4821
4. Sex 5. Color or race 6.(a) Single, married, widowed or divorced	MEDICAL CERTIFICATION
Male White Widowed	20. DATE OF DEATH OCTOURS 16 1946 of 20% mm
6,6) Name of husband or wife Bertie M. Campbell	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
	October 14 10 46 10 October 1510 46
7. Birth date of	and that I last saw h. I am alive on October 15 19.46
deceased (mo., day, yr.) October 1, 1871.	
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death OURATION OURATION OURATION
75 - 15mia.	
0) 1 2/ / 1 2 / /	Campage Acclusion 3 days
B. Birthplace	Que to Coronara Scrissian 3 days
10. Usual occupation. O Farmer	
11. Industry or business & Faranina	Due 10
12. Name Thomas S. Cartisbell 13. Birthplace Maruland.	Other conditions
	(Include pregnancy within 3 months of death)
H 14. Malden name Uhlkgrown	
15. Birthplace Upskyrown	Major findings of aperations
	Qate of op.
18. Interment Mr. Charles & Campbell yr.	Autopsy results
Address Clicatt (ity Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Polo Garage 10/19/46.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Bnrial, cremation, or removal, Which?)  Date fhereot (month) day) (year)	Accident, suicide, or homicide
Mali Jama Ci eta	Where did injury occur? (County) (State)
Cemetery or crematory	
Location Schwood, Ma.	Injured at home, farm, industry, public place (where?)
18. Funeral director Gaston Sons	Means of Injury Injured at work?
Address Ellicott City, Md.	23. SIGNATURE Charles & Whitaher, M.O.
19. Get 17 1946 Marie a. Whitake	M. D. or other
(Date rec'd by registrar)  (Date rec'd by registrar)  Registrar	Address Clarksville, ad. noto signed 10/17/46



1 PLACE OF DEATH.

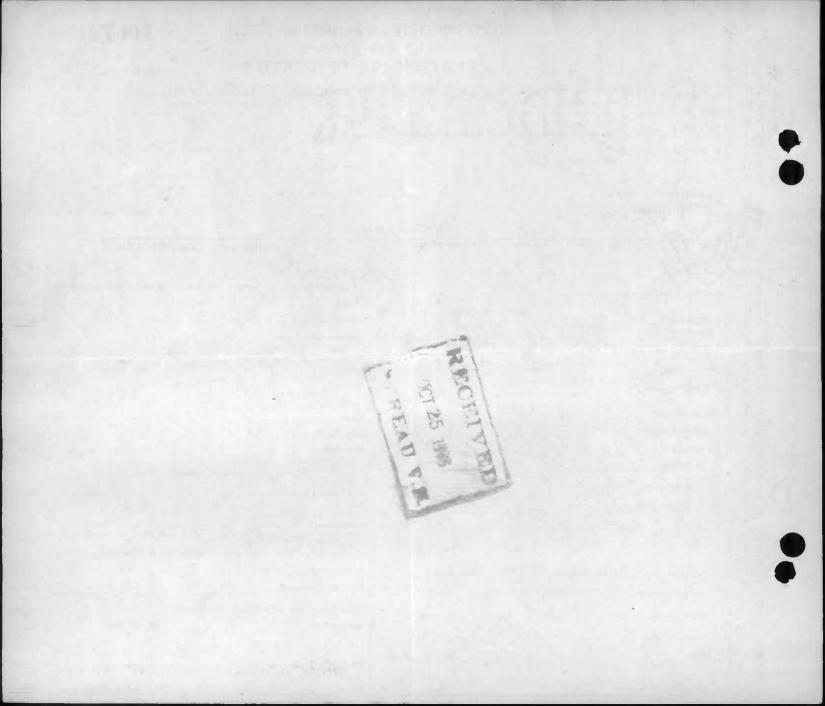
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3/-00

2 USUAL RESIDENCE (HOME) OF DECEASED:

### CERTIFICATE OF DEATH

Howard	(For newborn infants give residence of mother)
County	State Maryland county Howard
City or town	( ablanvilla
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
,	Street No
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Margaret Ellen Co	authorn 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 30
Female While Single	20. DATE OF DEATH October 18 1946, at 11 A M
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(8) Name of husband or wife	Oct 18 19 46 10 Oct 16 1946
6.(c) If alive, give ageyears	and that I last saw h. L. alive on Ot No time 19.
7. Birth date of deceased (mo., day, yr.) Copul 7, 1862	
8. AGE: Years   Mooths   Days   If less than one day	Immediate cause of death
84 6 /1min.	Circleral hemorrhage 10 min
maryland	2/ / 10/1000112
9. Birthpiace	Due to.
Mangerooch	Candle Jagle le John Jag
10. Usual occupation.	Due to
11. Industry or business	
12. Name Pearson yler Cauthorn 2 13. Birthplace Excey & Va	Other conditions
12 Birthalaga Francis Co 7) a	
	(Include pregnancy within 8 menths of death)
14. Maiden name flyabeth Wayman  15. Birthplace Balto Co Ind	W . C P 1
Elto Co In A	Major findings of operations
21 15. Birinpiace / Succession A - I	Date of op.
16. Informant Mr. Charles Chulhorn	Autopsy results.
Address Coopsortly Ind	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Audiess 200 and 6 1011	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory.	Where did injury occur?
Location Paralles Sourced Co. Links	Injured at home, farm, Industry, public place (where?)
18. Funeral director. C. Harles Takers	Means of Injury Injured at work?
S. M. Gend	(loplan Weshest Smal
Address Synthesial, Mai	23. SIGNATURE COUNTY TO THE COUNTY OF THE CO
19. (Date rec'd by registrar)  19. (Date rec'd by registrar)	DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed Date signed



em of information carefully causes of death clearly and

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important.

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PLEASE

FOR BINDING

MARGIN RESERVED

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

Reg. Dist. No. 191

### CERTIFICATE OF 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) How long in above place of death?..... Hospital, Institution, or street address where death occurred (If rural, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex MEDICAL CERTIFICATION 7. Birth date of deceased (mo., day, yr.) 8. AGE: 10. Usual occupation. 11. Industry or business 13. Birtholace (Include pregnancy within 8 months of death) PHYSICIAN: Please anderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, flil in the following: 10-17-Dale thereof ..... Accident, suicido, or homicide... (Burial, cremation, or removal, Which?) (month) (day) (year) Where did Injury occur? ..... Cemelery or crematory. (City or town) (County) Injured at home, farm, industry, public place (where?) ... Injured at work? Means of Injury M. D. or other Registrar

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OCT 18 1946

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PLEASE WRITE

correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411	Ñ.	Charles	St.,	Baltimore	46-6
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CERTIFICATE	OF	DEATH	

	Nog. Diet. 110
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write KUKAL and give nearest town)	State Mila Sounty Francis
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
*	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
Robert Demis En	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W Marriel	20. DATE OF DEATH Office 2 7 19 46 at Z. 30 Pt. M
6.(b) Name of husband or wife. Old John John Co.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give ageyears	Japt 21 1946 to Oct. 23 1946
7. Birth date of deceased (mo., day, yr.) Aught. 26. 1866	and that I last saw h. A. alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death a DURATION
80 /min.	
9. Birthplace	Oue to Caremana of the stomach 15 gran
10. Usual occupation A. M.	Due to
11. Industry or business	
12. Name A HARAMO BARAN 13. Birthplace	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Milling Clayalattic Bryglico  15. Birthplace	Major findings of operations.
🕱 15. Birthplace	
16. Informant Man Quant Comment	Autopsy results
Address West Friendship and.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  Oate thereof (month) (day) (year)	Accident, suicide, or homicide Date of
Cemetery or crematory Illumina Charles Charles	Where did Injury occur? (City or town) (County) (State)
Location in the state of the first the state of the state	Injured at home, farm, industry, public place (where?)
18. Funeral director & Harry Week	Means of Injury Injured at work?
Address Auflesville, m.g.	Charles S. Whitaker 18.0.
10 Oct 28 10 46 alice A 76 wh.	23. SIGNATURE
(Date rec'd by registrar) Registrar	Address Oate signed 10/39/76



1 MARGIN RESERVED FOR BINDING

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93

### CERTIFICATE OF DEATH

1()(175) Reg. Dist. No. /9/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Howard			
City or town (If outside city or town limits, wate RURAL and give nearest town)	State Many Lund County Massacch		
	City or lows		
How long in above place of death?			
Hospital, institution, or street address where death occurred:	Street No. Fuderick) Road		
	(If rural, give LOCATION)		
How long In hospital or Institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
R-10-2 0001			
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	-	
F C Sungle	20. DATE OF DEATH. 10/4 19.46.21 9 8.	M	
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of husband or wife	10/1 19.46, to 10/4 19.4	6	
7. Birth date of	and that I last saw h.C.IZ. alive on 10/4 1846	ł	
deceased (mo., day, yr.)  RACE- Years Months Days If less than one day	Immediate cause of death		
0. AGE:	Hypertensive Cardio Vasculas		
57 7 ?hrsmin.	disease 14ea	1	
man. Dead			
9. Birthplace Mary County, and state)	Oue to	*****	
2+ -62-		****	
10. Usual occupation.	Oue to	• • • • • • • • • • • • • • • • • • • •	
11. Industry or business	f)		
= 12. Name fames 7 relev	Other conditions lesus plegia 3day		
12. Name fames Faller  13. 8irthplace rud.			
	(Include pregnancy within 8 months of death)		
14. Maiden name Rochel Since 15. Birthplace  Mcl.	Major findings of operations.	*****	
15. Birtholace mel.	Date of op.		
7 Jan Man War War	Autopsy results.		
16. Informant Mans Municipality	PHYSICIAN: Please underline the cause to which death aboutd be charged statistically.	****	
Address Ellert Cety med.			
B. 4. 10-8.46	22. VIOLENCE: If death was due to external causes, fill in the following;		
17 Burial Planting or removal. Which?)  [Burial remution or removal. Which?]  Date thereof (month) (day) (year)	Accident, suicide, or homicide	*****	
Cometery or crematory Pine Orchard	Where did Injury occur?		
Cemetery or crematory			
Location Pine archard Ind	Injured at home, farm, industry, public place (where?)		
18. Funeral director 7. C. Kia whothom	Means of Injury Injured at work?		
18. Funeral director. T. C. Mag. M. O. Chom.		U.	
Address Elligatt Cety mel	George & Duratast mA	-	
012 11 200 6 8	23. SIGNATURE M. D. of other		
19. Oct. 8, 19 4 to Stu B. Loughau.	Address Ellivit City me Date signed 10/5/4	6	

OCT 10 1946
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# ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: pl

MARGIN RESERVED FOR BINDING

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-0

CERTIFICA	TE OF DEATH Reg. Dist. No. 194
County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Jacob Francis Go	3. (b) Social Security Number
4. Sex 5. Extor or race 8.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 30  20. DATE OF DEATH October 9 1946, at 29 M
6.(b) Name of husband or wife. Ella	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  1946. to OCTOBS 5. 1946  and that I last saw h 1999. alive on Octobs 5. 1946.  Immediate cause of death  ACARS Cardial failure  5.1001.
9. Birthplace	Due to Cardiac Ascompansation 4 days  Due to Cardiac Ascompansation 4 days  Die to Cardiac Ascompansation 4 days  Die to Cardiac Ascompansation 4 days  Unclude pregnancy within 3 months of death)  Major findings of operations.  Dale of op.
16. Informant Mas Ellas Gaves  Address Brookville Mcl.  17. Burial (Burial, cremation, or removal, Which?)  Cemetery or crematory Providence (month) (day) (year)	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide  Where did injury occur?  (City or town)  (County)  (State)
18. Funeral director 7. C. Dieg infoothors  Address Elliott City mel.  19. Get 10 1946 maris a. Whitake,  Coate rec'd by registrar)  Registrar	Injured at home, farm, industry, public place (where?)  Maans of Injury  Injured at work?  23. SIGNATURE Charles S. White Makes M. D. or other  M. D. or other  Address Clarks ville, M. M. Date signed 10/11/46

RECEIVED OCT 15 1945 BUREAU V.S.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (6)

### CERTIFICATE OF DEATH

10077 Reg. Dist. No. 191

City or town (17 outside city or town limits, frite RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
How long In hospital or institution?	2.(a) If veteran, name war
Laura anne Lone	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced  William	MEDICAL CERTIFICATION  2D. DATE OF DEATH.  Deltales 14 19 46 21 2 2 M
6.(b) Name of husband or wife Adult Street  7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.4 6 19
8. AGE: Years Months Days If less than one day  70 9 12hrshrs.	Immediate cause of death.  DURATION  4 who
9. Birthplace	Due to.
11. Industry or business  12. Name Lhus Lhega part  13. Birthpiace Wa	Due to.  Directors hallities 16 ys  Other conditions
14. Maiden name Ruth Ellew Smith  15. Birthplace  21. Sirthplace  21. Sirthplace	(Include pregnancy within 3 months of death)  Major findings of operations
16. Informant Mr Magie Allerier	Autopay results
Address Ellust City Ma.  17	22. VIOLENCE: It death was due to external causes, till in the following;  Accident, suicide, or homicide
Cometery or crematory Providence Location Durely, Md,	Where did injury occur?
18. Funeral director F. P. Mig into thom	Means of Injury Injured at work?
19. Oct. 16. 19 4 2 John B. Loughau.  (Cate rec'd by registrar)  Registrar	23. SIGNATURE  M. D. or other  Address  Date signed

OCT 18 1946

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

## CERTIFICATE OF DEATH

1. PLACE OF DEATH: Landa 1	2. USUAL RESIDENCE (HOME) OF DECLASED:  For newborn infants give residence of mother)
County	maruland Howard
City or town	State County County
Gulara Give hearest town)	City or town
How long in above place of death?	11
nospital, institution, of street address where death occurred.	Street No. January Constitution of the Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Rose Emma Harrigan	
	MEDICAL CERTIFICATION 3
Female White married	20. DATE OF DEATH October 8 19 46, at 4 P., M
11/1/1/1 91 21 11	
8.(b) Name of husband or wife.	21. I CERTIEY that death occurred on the date above stated; that lattended deceased from
6.(c) If alive, give ageyear	19 to 19
7. Birth date of	and that I last saw h
account (most casts)	Immediate cause of death
8. AGE: Years Months Days It less than one day	Pulmonar allma 10 min
80 3 25min	
Orchland Howard Ca mi	1. Me & muc mocarathy 10 cm
9. Dirthplace (Town county, and state)	Due 10
Tolorino 1-71/2	
10. Usual occupation	Due to
11. Industry or business	
12 Name Thomas Jones	Dither conditions
13. Birtholace Howard Co med.	
	(Include pregnancy within 3 months of death)
14. Maiden name Nosa Providence	Major findings of operations
ON 15 Birthplace	
Messe malinger	- Date of op.
16. Informant	Autopsy results
Address Harwood Park md.	
10.11	22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Burial, cremation, or removal, Which?)  Date thereot	Accident, suicide, or homicide
1-1.10	Where did injury occur?
Cemetery or crematory	
Location A. A. Co. Md.	Injured at home, farm, Industry, public place (where?)
10 Europa Hiractor Flusson + Flusson	Means of Injury Injured at work?
18. Funeral director. They was to flesh the state of the	M41 4 20 1 + 50 10
Address 1476 higher of.	liphan stevers, M.
Malle All Hadrat	23. SIGNATURE DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY M. D. or other
19. /0/9/40 19.	Ell 128th City Md Bate closed 10-8-46

(Dale rec'd by registrar)

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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and a	(.)		6	1	
			1 1	2 1	1

MyD. or other

...Date signed.....

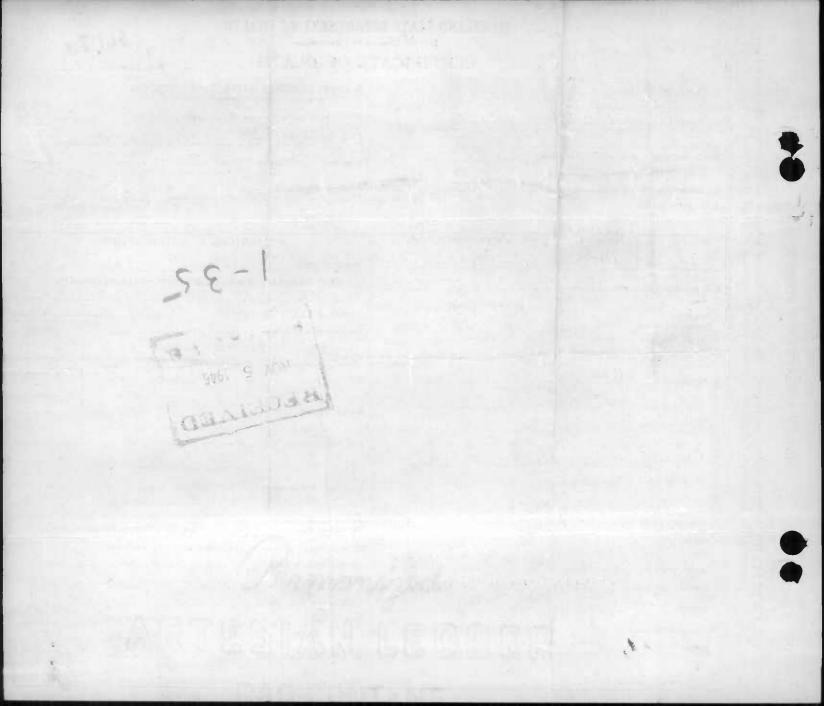
city .

CERTIFICAT	E OF DEATH Reg. Dist. No. 191	-		
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Many County County County (If outside city or town limits, write RURAL and give nearest town)  Street No. Many County (If rurs), give LOCATION)  2.(a) If veteran, name war.	****		
3. (a) FULL NAME	3.(b) Social Security Number			
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced  ### Windows    ### Windows    #### Windows    ##################################	MEDICAL CERTIFICATION  20. DATE OF DEATH	) h		
8. (b) Name of husband or wife for the first state of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  8. AGE: Years Months Days If less than one day  8. AGE: Months Days If less than one day	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from  19.46., to	16		
9. Birthplace	Due to			
12. Name Jeseph Mars 13. Birthplace England.	Diher conditions			
14. Maiden name Iterrette Celly  15. Birthplace many-ladd  16. informant Mrs. Erwy Hollibs.	Msjor fiedings of operations.  Date of op.  Actorpsy resolts.  PHYSICIAN: Please underline the cause to which death should be charged statistically.			
Address  Elication  Address  Elication  Cuty  Mai  Cuty  Mai  Date thereof.  (month) (day) (year)  Cometery or crematory  Chester  Chester	22. VIOLENCE: It death was due to external causes, fill in the following;  Accident, suicide, or homicide			
20 Ni: 11+	Means of Injury Injured at work?			
18. Funeral director.				

23. SIGNATURE.

Address....

Registrar



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 183)

## CERTIFICATE OF DEATH

Reg. Diat. No.	193
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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town	State Maryland County arroll
(If outside city or town limits, write RUKAL and give nearest town)	City or town. Om Tour
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Harry Ridgely	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Single	2D. DATE DF DEATH. October 7 19 46, at 12 PM
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  October 7
7. Birth date of	and that I last saw h from allve or at no time
deceased (mo., day, yr.)	
8. AGE: Years   Months   Bays   If less than one day	Immediate cause of death
56 2. 19min.	
0 11 01 00 1	O Chowing I min
9. Birthplace (Town, county, and state)	Due to Musous cromsness (blile
10. Usual occupation. ARDORCE	they face down in
11. Industry or business	wall atter Lall which
	Other conditions 'A RACT wed skyll
12. Name MILTON / CIAge / 4  13. Birthplace MARY/AND	1 Sett Irontalream
MI Cusau Dosso	(1schide pregnancy within 3 months of death)  Major findings of operations.
14. Maiden name OUSHN JONSEY  15. Birthplace MARY AND	Major nadings of operations
16, Informant AUA F. ORAM	Antopsy results Wong
Address 4418 St. Sea. Cene. PRA14. 12. mg.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burial, cremation, or removel, Whiteh?)  Date thereot (month) (day) (year)	Accident, suicide, or homicides Charles Date of
Cemetery or crematory Mt. Z10 N	Where did injury occur? (City or town) (County) State)
NOMP MA Dian Manualantel	0 FE U U U
Location LITIPY IN ARY IAN CI.	injured at home, farm, industry, public place (where?)
18. Funeral director. S.M. Walfs	Means of Injury Tall Injured at work?
Address Wiebill Med	(lephan we lest m D
10-11- 11 50 10 10 -	23. SIDNATURE DEPORT MEMORAL EXAMINER OF HOWARD COUNTY M. D. or other
19	Address Date signed 10-7-46
The state of the s	



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-5)

### CERTIFICATE OF DEATH

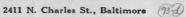
*	101895
	Reg. Dist. No.

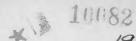
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County	(For newborn infants give residence of mother)		
City or town (If cotside city or town innits, write RURAL and give nearest town)	State County County		
How long in above place of death? 50 m.	(If outside sty or town limits, write RIJRAL and give nearest town)		
Hospital, institution, on street address where theath occurred:	Street No. Massion Road.		
Trosum Moan.	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Do he Deay			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or diversed	MEDICAL CERTIFICATION		
J. Col Married	20. DATE DE DEATH DEN 3 0 2 1546 at 6 a. M		
6.(b) Name of husband or wife . Thu ). Sean	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	Oct. 19: 1946 10 Oct 30 19 40;		
7. Birth date of	and that I last saw han alive on Oct 29 - 19 46.		
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Impediate cause of death		
75 7	Reservant Halmortinge I wh.		
/ 5			
9. Birthplace Sylvanile Min	Due to		
(Town, county, and state)	Typelenson 3yn.		
10. Usual occupation	Que to		
11. Industry or business			
12. Name	Dther conditions		
14. Malden name. Nathard Merks  15. Birthplace Sykewille, Mrs.	(Include pregnancy within 8 months of death)  Major fludings of uperations		
2 15. Birthplace A Syperville Mit	Date of op.		
(mu) Seau	Autosy results		
18, informant Deash My Ray De	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.		
Address Man 32 1444	22. VIOLENCE: It death was due to external causes, fill in the tollowing:		
(Burial, cremation, or removal. Which?)  Date thereot (mouth) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)		
Location Jessup, R. +D., Md.	Injured at home, farm, Industry, public place (where?)		
Ken Kelson	Means of Injury Injured at work?		
Address 1230 Presman St., Balto., Web.	20011/0		
Address ( Address )	23. SIGNATURE CHANNES WILLIAM. W. W.		
19 18/30/46. 19 mankflyley	M, D. or other		
(Date rec'd by registrar) Registrar	Address Dite signed		

9761 F NON



### MARYLAND STATE DEPARTMENT OF HEALTH





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			D: 4	2.7

## CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infights give residence of mother)
County Howard	yan I I I I I I I I I I I I I I I I I I I
Cliy or town (If outside city or town limits, write KURAL and give nearest town)	State County CT OWN
How long in above place of death? Type (1882)	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Princilla Elizabeth	Selley
4. Sex 5. Color or race 6.(a) Single, married, widewed, or divorced	MEDICAL CERTIFICATION
A. W Widgwed	20. DATE OF DEATH Q clow 31 19.46, at 2:20 PM
6, (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	1943
7. Birth date of	and that I lost saw h. G.Y. alive on Q J 3/ 1946 19
deceased (mo., day, yr.) July 21, 1862	Immediate cause of death
8. AGE: Years Month Days If less than one day	Truserteurene Cardio -
84 3 4hrsmin.	Who culor disease with
9. Birthplace Mal	art erios clavoris
(Town, county, and state)	A
10. Usual occupation Decisions	Due to serilly
11. Industry or business / James	
12. Name Shomas B. Vinnes	Dther conditions
13. Birthplace	
14. Maiden name Charity Shines	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
15. Birtiblaco	Date of op.
16. Informant Mr. William O. Marington	Autopsy results
Address West Friendship Thed.	
17 Buriel Date thereof Hod. 3, 19HL	22. VIOLENCE: If death was due to external causes, fill in the following;
(Buriai, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Aberrard Co. Mile,	Injured at home, farm, industry, public place (where?)
P Hosses Telesa	Means of injury Injured at work?
18. Funeral director	1000
Address Ayplanelle, Ma.	23. SIGNATURE ATT ALLEMAN THE LOCALITY OF THE PROPERTY OF THE
19 Nov- 2 1946 (ilsee & Hoele.)	M.D. or other
(Date rec'd by registrar) Registrar	Address Date signed Date signed



WRITE

PLEASE

The correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

## CERTIFICATE OF DEATH

Reg. Dist. No. 194

City or town. (If outside my or town limits, write RURAL and give nearest town)  How long in above place of death? (If outside my or town limits, write RURAL and give nearest town)  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Slate
3. (a) FULL NAME	3. (b) Social Security Number
Florge Friffith Wel	efo I
4. Sex 5. Color or race 6.(a) Single, warried, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH. Qualification 9. 19 # G. at 9 P
6,(b) Name of husband or wife Clarkhan State Zillah	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from
7. Birth date of deceased (mo., day, yr.) Billinker 7 /865	and that I last saw h
8. AGE: Years Months Days if less than one day  8. AGE: No. 10 2	Immediais cause of death DURATION ACUTE Cardiac fullus 3 days
9. Birthpiace	Due to Coronary Schrosis Syras
10. Usual occupation. Allamer  11. Industry or business Actived	Due to
12. Name Waiffith Wilsh 13. Birthplace	Dther conditions
14. Maiden name Unknown	(Include pregnancy within 3 months of death)  Major findings of operations.
16. Informant Mus. January R. Sager	Antopsy results
Address Off Columbia Rd. Fronts 1 Box 209 Jane	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal Which?)  Date thereof (month) (def) (year)  Cemetery or crematory ( Arman Stillan Childhell (1987)	Accident, suicide, or homicide
Location of Medical Manager Manager	Injured at home, farm, industry, public place (where?)
18. Funeral director C. Harry Isleer	Means of injury Injured at work?
Address Syphesicilles, Mel.	23. SIGNATURE Charles S. Whitake M.D.
19 Cest 12 19 46 marie a. Wheater	Clarksville, Md. Dos signed 10/12/46

OCT 15 1946
RUREAT

age		es St., Baltimore		
correct.	. CERTIFICAT	TE OF DEATH Reg. Diat. No	9.1	
e cor ly.	1. PLACE OF DEATH: County HOWARD	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Fish County RUBAL - ELLICOTT CITY		State MARYLAND County HOWARI	<u>&gt;</u>	
ully. nd le	City or town	City or town ELLICOTT CITY (If outside city or town limits, write RURAL and give no	earest town)	
on carefully. The c clearly and legibly.	Hospital, Institution, or street address where death occurred:  PINEL CLINIC ELLICOTT CITY	Street No. O.L.D. F.D.ED. ERICK PO.E. (If rural, give LOCATION)		
cle	How long in hospital or institution? 12 DAYS	2.(a) If veteran, name war		
information of death clea	BESSIE I WOL	F E 3. (b) Social Security	Number	
inf	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
n of uses	FEMALE WHITE WIDOWED	20. DATE OF DEATH OCTOBER 14 Th 19.46	1 600 P	
every item of ite the causes	6.(b) Name of husband or wife ALEXANDER	21. I CERTIFY that death occurred on the dale above stated; that I attended dec OCTOBER 2 19 46 to OCTOB	eased from ER 1419 46	
evel te 1	7. Birth date of F. C. D. L. C. S. (c) If alive, give age	and that I last saw h. E.R. alive on OCTOBER 14	19.7.4	
ly wri	deceased (mo., day, yr.) FEBRUARY 10 The 1877	Immediate cause of death	OURATION	
Supp	8. AGE: Years Months Days If less than one day 4	MYOCARDIAL JN FARCT	16 Hour	
ADING INK. Supply eve Physicians: please write	9. Birthplace LEESBURG VIRGINIA (Town, county, and state)	Oue ta	**	
IG II	10. Usual occupation HOUSEWIFE	Due to	***	
DIA	11. Industry or business		***	
Fr.	12. Name JOSEPH P. TITUS  13. Birthplace VIRGINIA	Other conditions GENERALIZED		
E.H.	3. Birthplace VIRGINIA	ARTERIOSCLEROSIS (Include pregnancy within 8 months of death)		
WITH UNI important.	E 14. Maiden name ANNA GOODHART	Major findings of operations	***************************************	
WITH	2 15. Birthplace VIRGINIA			
-	16. Informant MRS LUTHER JSAACS	Autopsy results	***********	
VII.	Address ELLICOTT CITY MD	PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
PLAINLY, is especially	17. BuRIRL (Burial, cremation, or removal. Which?)  Oale thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		
is is				
WRITE	Cemetery or crematory RINITY Location PELEFFERS CORNER Md.	Where did injury occur?	(State)	
0.	18. Funeral director F. C. W. G. 1. N. B.O.T. 14. O. 19.	Means of injury injured at work?		
PLEASE	Address ELLICOTT CITY Md.	Holm + Jane	MD	
PLE	19. Oct. 16. 18 46 John B. Long ham: (Date rec'd by registrar) Registrar	23. SIGNATURE Halmut Trager M. D. M.	or other 10/14/46	

MARGIN RESERVED FOR BINDING



The correct age

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



### CERTIFICATE OF DEATH

I. PLACE OF DEATH:		(For newborn infunts give residence of mother)			
County HOWARD		State MARYLAND County BALTO CITY			
City or town RURAL - FILICOTT CITY (If outside city or town limits, write RURAL and give nearest town)		City or town BALTIMORE CITY  (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death? SINCE MAY 14 1929					
Hospital, Institution, o	r street address where d	eath occurred:	Street No. 4 W UNIVER.		ZWAY
PINEL C	LINIC HO	WARD COUNTY MD.	(If rural, give L	OCATION)	1/
How long in hospital of	or institution?	E MAY 14 1929	2.(a) If veteran, name war		
3. (a) FULL NAM	E LLO	1055		3. (b) Social Security	Number
	HO	WARD WOO!	DALL	NONI	5
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE		
MALE	WHITE	SINGLE	20. DATE DE DEATH OCTOBER	27 00 19.46	800 A.M
			21. I CERTIFY that death occurred on the date above		
6.(b) Name of husband			JANUARY 19 T		
7. Birth date of	DOVANO	NTH years	and that I last saw h.i.m. alive on OCT C	BER 26"	19 46
	YE NOT KA	16WN 1877	Immediate cause of death		DURATION
8. AGE: Year		Days If less than one day	CORONARY OCCL	USION	
68	2	2 hrs min.			
a Riethnian M.F.	RYLAND	ounty, and state)	Due to		***********************
5. pililipiaco	(Town,	ounty, and state)			
10. Usual occupation.	PAINT	EK	Due to		******************
11. Industry or busine					
별 12. Name	AMES WO	od All	Other conditions DEMENTIA	PRAECOX	40 YEARS
13. Birthplace	ENGLAN	d.			
<b>E</b>	MARY F	RATHEE	(Include pregnancy within 3 months of death)		
14. Maiden name	1/1/1	•	Major findings of operations		
	VIRGIN		Date of op		
16. Informant Wh	1. E /WC	ODALL	Autopsy results	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Address 802	WHITE	OCK STR BALTO	PHYSICIAN: Please underline the cause to which		statistically.
		Date thereof Oct. 31, 1946	22. VIOLENCE: If death was due to external cause		
(Burlul, crematio	n, or removal. Which?)	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crema	tory, MT. O	LIVET CEMETERY	Where did injury occur?(City or town)	(County)	(State)
Landing FRE	derick 1	Ive BALTIMORE MO			
Location			Means of injury	Injured at work?	
18. Funeral director	EASTO	V SONS			
Address E	111cott C	ity, Md.	23. SIGNATURE Helmut	Cragor M. D.	M.D.
0.1	30 41	St a f		M. D.	or other
19.	30, 1946	John Sodore house	Marco Ellicott City	Md Bate signed	10/27/46

STATELOW H